C	MATURE A	GE Entry	PASSPORT PHOTO OF APPLICANT (Compulsory)	
	LATE APPLICATIONS WILL BE CONSIDERE	date for applications: 08 July 2019 D. TEST DATES: 02 & 03 August 2019	Please attach a recent passport photograph of yourself	UNAM UNIVERSITY OF NAMIBIA
This application		of Namibia. All information will be treated as confid rs to complete this form where space is provided o re accepted. All certified documents will be filed -	or place an 'X' in the correct squar	e.
ID Document - Passport - cert Birth Certificat	e - certified copy g Certificate - certified copy	Application Fees (Non-refundable)The following must be paid at the(Please attach proof of payment toNamibian ApplicantsInternational Applicants	nearest Centre/Campus	or into UNAM Bank Account. N\$150 N\$300

NB: Photocopied application forms may also be submitted for selection purposes

Official Translation (Non-English Documents) NQA Evaluation (International Qualifications) Completed application forms must be mailed to: The Office of the Registrar, University of Namibia, Private Bag 13301 Windhoek, NAMIBIA

SECTION 1: PROPOSED COURSE OF STUDY

School Results/Rapport

Work Eperience Letter

Course of study for which you wish to enrol:	Full-Time	Part-Time	Distance Education	
Choice of Study				
Campus				

Please note that you may only apply for <u>ONE</u> 'Course of Study' and may not change 'Course of Study' after the Test has been written.

SECTION 2: APPLICANT'S PARTICULARS

Title:	Mr	Ms	Other (specify)		
Surname:					
First Name in full:				Initials:	

SECTION 3: CONTACT PARTICULARS

Postal Addre	ostal Address (Compulsory):											Res	sider	ntial	Addr	ess:						
🕿 + Code:																						
Cell No:																						
Fax No:																						
E-mail:Compulsory																						

NB: Only one (1) E-mail address can be used per applicant.

FOR OFFICIAL USE ON	ILY:		
FACULTY COMMENTS	:	DESCRIPTION:	DATE
		BIOGRAPHICAL CAPTURED	
		REFERRED TO FACULTY	
		SIGNATURE	
ACCEPTED	SIGNATURE OF HOD:		
REJECTED			

SECTION 4: PER	SON	AL F	PART	ГІСИ	LAR	s																					
Date of Birth:	D	D	М	Μ	V	V	V	V				-	D. N	o ·			Τ							-			
Passport No.:			IVI	IVI		-	-	I							+-+	 c.			ingl	0					arr	ind	
			_								Marital Status:							51	ingi	e				11	dII	leu	
Gender:	М		F											iden N)												
Mother Tongue:													H	ome T	own												
Citizenship:		Nar	nibia	an		0	ther	(sp	ecify)																		
	lfr	not a	Nar	mibia	an ci	tizen	n, ple	ase	apply	for	a s	tudy	peri	nit fro	m yo	ouro	τοι	Intr	y of	ori	gin.		1				
												-			-				-		-						
Do you have a di	sabi	lity?	,							Ye	s				No)			(1	or p	lannii	ng pi	urpos	es o	only)		
If 'yes' please spe	ecify.												1														
Based on your di	sabil	lity,	do y	ou ha	ave s	speci	ial ne	eeds	5?										Yes						Ν	0	
Do you suffer fro	om a	ny n	ervo	ousa	ffec	tion	or m	nent	tal abi	nori	mal	ity?	Y	es				No				(for	planr	ning	purp	oses	only)
If 'yes' please giv	e de	tails	of t	he n	ature	e, se	verit	y, da	ate an	d dı	urat	ion (of the	e illne:	ss.												
								, .																			
													_														
Do you suffer fro	m a	ny o	ther	· illn	ess?	?							Y	es			I	No				(for	plan	ning	ı pul	rpose	s only)
If 'yes' please giv	e de	etails	s of t	the r	natui	re, se	everi	ty, c	date a	nd d	dura	atior	n of t	he illr	iess.												
(Please note that you	ı may	/ be c	onta	cted.)																							
Are you a memb	er of	f the	foll	.owir	ng m	argi	nalis	sed/	/indig	eno	us g	grou	pe.	y Ovah	imb	a, Sa	an	etc.		Yes			No				tistical es only
If 'yes' please att	ach	you	r full	l birt	h ce	rtific	ate a	and	a swo	orn d	dec	larat	tion	rom y	our	Regi	ior	nal C	Cou	ncil	Offi	ice					

SECTION 5: EMPLOYMENT PA	ARTICULARS (only if applicant is in full-time employment)
Name of Employer:	
Your Occupation:	
Employer's Postal Address:	
Employer's Telephone No.:	

SECTION 6: APPLICANT'S NEXT OF KIN/LEGAL GUARDIAN PARTICULARS

(To be contacted in	case of en	nerge	ncy.]																			
Family relationship	with the	perso	on w	hos	e pa	artic	ular	's ar	re su	ppl	ied.											
Father	Ма	ther				Sp	ouse	e/pa	artne	r		Gu	arc	diar	١							
Title:			Μ	r					Ms							Otł	ner	(spe	cify)			
Surname:																						
First Names in full:																			Initia	als		
I.D. No.:																						
Home Address (nex	t of kin/gu	ardia	n):																			
Tel No.: Work																						
Tel. No.: Home												(Cell	lΝ	0.:							
Employer (next of k	in/guardia	n):																				
Occupation:																						
Employer's Address	5:																					

SECTION 7: SCHOOL LEAVING PAR	TICULARS
Last secondary school attended:	
Address of school:	
Highest grade passed:	
Current grade (if applicable):	
Date of examination:	
Examination number:	
Examination body:	

Subject		Level ## (See table below)	Symbol
	LEVEL		

		LEVEL	
ON = NSSC	IG = IGCSE	AL = A LEVEL	HG = HIGHER GRADE
NH = NSSC	HI = HIGCSE	OL = O-LEVEL	SG = STANDARD GRADE
			LG = LOWER GRADE

International students should note that only original School Leaving Certificates or an Advice of Results with a confirmation letter from the relevant Examination Council / Authority stating that certificates will be issued during the first year of registration, will be accepted. No mock results or School Rapports will be considered.

SECTION 8: FORMAL STATISTICAL INFORMATION

Region of Origin (Namibian Students only)				
Karas	200	Omusati	207	
Hardap	201	Oshana	208	
Khomas	202	Ohangwena	209	
Erongo	203	Oshikoto	210	
Omaheke	204	Kavango West	211	
Otjozondjupa	205	Kavango East	213	
Kunene	206	Zambezi	212	

Indicate on which day you would like to take the T	Test		
Friday, 02 August 2019, 07h30 (to be seated)		Saturday, 03 August 2019, 07h30 (to be seated)	

Indicate on which day you would like to take the T	est		
Friday, 02 August 2019, 07h30 (to be seated)		Saturday, 03 August 2019, 07h30 (to be seated)	

NB: Changes to the date and venue are only allowed until 19 July 2019

SECTION 9: RELEVANT WORK EXPERIENCE (Indicate nature of work) (Compulsory)

Activity		Position Held					
Have you ever written a Mature Age Entry exa	amination?			Y		Ν	
lf 'yes', where			and when?				

and how many times?

SECTION 10: EXAMINATION VENUE

Indicate your UNAM Regional Centre for Mature Age Entry Test p	urpo	ses (COMPULSARY)
WC Windhoek Campus		KM Katima Mulilo Campus
OS Oshakati Campus		OC Otjiwarongo Centre
GC Gobabis Centre		RC Rundu Campus
FS Southern Campus		SC Swakopmund Centre
KH Khorixas Centre		TC Tsumeb Centre
FP Hifikepunye Pohamba Campus		EN Eenhana Centre
HF Sam Nujoma Campus		OP Opuwo Centre

DECLARATION

(d)

I hereby declare that all the particulars given in this application form are true and correct. I further declare that my enrolment as a student at the University of Namibia (UNAM) shall be subject to the terms and conditions contained in the agreement, which I shall complete and sign at registration.

SIGNATURE OF APPLICANT

Date

MATURE AGE ENTRY SCHEME

Candidates aspiring for admission to UNAM's undergraduate programmes through the Mature Age Entry Scheme must satisfy the following conditions: (a)

- They should be at least 25 years old on the first day of the academic year in which admission is sought; (b)
- They should preferably have successfully completed junior secondary education (senior secondary education for School of Medicine/Pharmacy, Faculty of Engineering & Information Technology, Bachelor of Accounting [Chartered Accountancy], Bachelor of Laws, Bachelor of Science in Financial Mathematics); and
- (c) They should normally have proof of at least five years relevant work experience relating to the proposed study programme.

[2] The applicants will be required to complete the Mature Age Entry Application Form, and return it to the Office of the Registrar, University of Namibia, The application for explored to compare the matche age that application form). Once an applicat fulfills the requirements as stipulated in (1) [a] and [b], the application form will be forwarded to the specific Faculty to adjudge relevancy of work experience 1. (c). Should you fulfill all the requirements as stipulated in 1. (a, b, c), a letter will be forwarded to the applicant giving permission to sit for the Mature Age Entry Test, which will consist of the following papers:

(a) Paper 1: An English Test;

- (b) Paper 2: A General Knowledge Test:
 - A Numerical Ability Test; A Faculty Specific Paper (where applicable). Paper 3:
 - Paper 4:

[3] Candidates who, in the opinion of the relevant Faculty, merit further consideration, may be called for an oral interview before the final selection is made.

FOR OFFICIAL USE ONLY:

APPLICATION FEE RECEIVED:

BANK DETAILS

WINDHOEK

55500057621 Branch code: 281872

Fax number:

Account number:

UNIVERSITY OF NAMIBIA

FIRST NATIONAL BANK -

Swift code: FIRNNANX

+264 61 206 3704/3121

RECEIPT NUMBER:

APPLICATION FORM PROOF OF SUBMISSION

Full Name:
Recieved by:
Signature:
Will forward application form to which Faculty and Campus:

